

NATIONAL Assessment Centre Services. [wef 1 Jan 2005] **MNA 419026076**

Date In: 18/03/2009 12:15	Job description	Date & Time Completed	Done by
Ref No: N34/INC190048874	SAS e-filing		
Veh No: FBA 881U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/03/2009 15:00	I-Motor Claim Form	M71036408-001	18/03/2009
OD (TP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		12:41
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SJC 2698P** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Additional Services:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

MNA 1902022

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
Additional Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
Call:	Enrolment against UNO Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpr Allowance \$5	
	*NG: Repair Coordination \$20	
	*NH: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$5	
	TP (INC) / TP (Non-INC) \$120	
	*N1: Idao Mobile \$30	
	Invoice dated _____ Fee Charged _____	
	Invoice dated _____ Fee Charged _____	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	18/03/2019 17:19
Date Of Accident	16/03/2019 13:00
Exact Location Of Accident	ALONG JURONG WEST STREET 73
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA881U
Insured/Policyholder	
Name Of Registered Owner	RIZAM BIN JASRI
NRIC No	S8911199D
Email Address	SUGEHRIZAM64@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93200964
Alternative Phone No	OTHERS-93200964

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R6-599CC (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5106792424
Cover Note Number	

Driver

Name of Driver	RIZAM BIN JASRI
NRIC No	S8911199D
Date Of Birth	31/03/1989
Occupation	OUTDOOR
Date Of Driving Pass	24/11/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93200964
Fax Number	
Contact Number	OTHERS-93200964
Email Address	SUGEHRIZAM64@GMAIL.COM

Address	BLK 751 JURONG WEST STREET 73 #06-187
Postcode	640751
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190317/2084

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJC2698P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RIZAM BIN JASRI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBA881U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

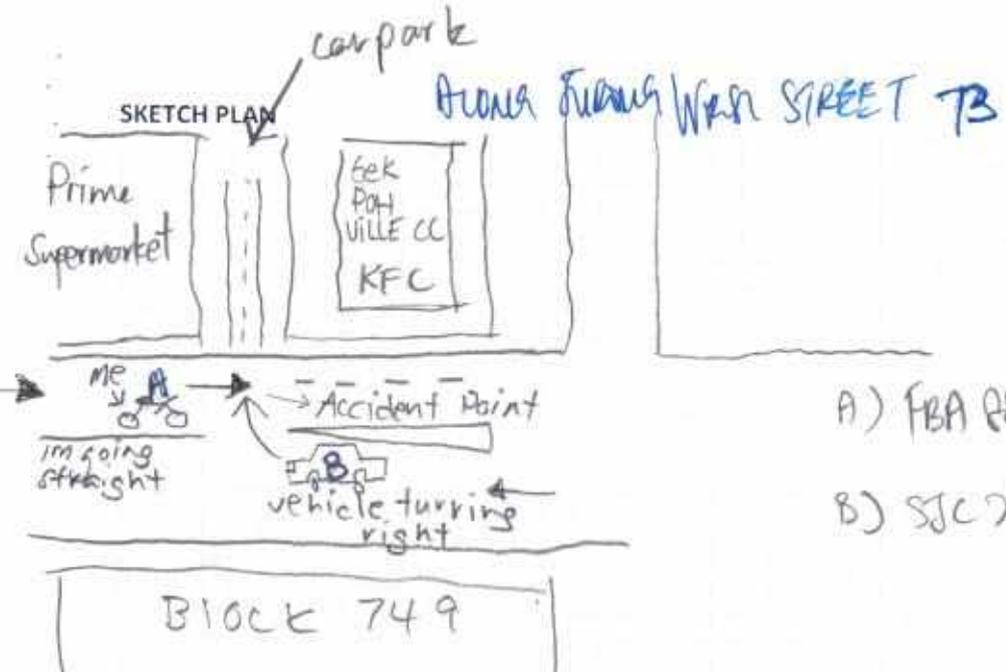
Proms
18/03/19 1420

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reda 18/03/2019

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: *Reda*



- A) FBA 8814
- B) SJC 7698P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pol REF no 20190317/2084

2 police report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Anam
18/03/19 1428

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

18/03/2019
Best works

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20190317/2084

1 of 3

Report No. T/20190317/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
17/03/2019 21:13

Video Report No.:

Station Diary No.:
74

Informant's Particulars

Name of Informant: RIZAM BIN JASRI		Address: APT BLK 751 JURONG WEST STREET 73 #06-187 SINGAPORE 640751	
ID Type / ID No.: NRIC NO / S8911199D		Contact No.: Home/Office: Mobile: 93200964	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 31/03/1989	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: BOATMAN		Driving Licence Information: Class: 2B,2A,2 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/03/2019 13:45	Type of Location: T-Junction
Location: Along Road 1 JURONG WEST STREET 75 towards Jurong West Street 74				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA881U	Motorcycle	YAMAHA	YZF600	Blue	Seriously Damaged	0
SJC2698P	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA881U	NTUC Income Insurance Co-Operative Limited	5106792424	03/01/2019	02/01/2020



**SINGAPORE
POLICE FORCE**



T/20190317/2084

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No: T/20190317/2084

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RIZAM BIN JASRI	ID No.	S8911199D
Related Vehicle	FBA881U (Motorcycle)	Contact No.	93200964
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	16/03/2019	Date Discharge	16/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 16/03/2019 at about 1345hrs I was riding my motorcycle (plate no: FBA881U) along Jurong West Street 75 towards Jurong West Street 74. I was on the right lane. As I was nearing the T- Junction of the carpark BLK 763 Jurong West Street 75, a car (plate no: SJC2698P) from the oncoming lane made a right turn towards the carpark. I made an emergency brake, however I collided on the rear left side of the car. I sustained injuries on my left finger. Ambulance and traffic police came however I was not conveyed to hospital as the injuries were minor. We exchanged particulars and subsequently left. I went to Ng Teng Fong General hospital and received 03 days of MC.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20190317/2084

3 of 3

Report No. T/20190317/2084

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J/ SCSGT(1) IMRAN SYUKRI BIN JUMARI 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt MA JUNXIANG Contact No.: 65476251
Authentication Stamp NP168  Signature: 
Singapore Police Force

Signature Of Informant: 
Date/Time: 17/03/2019 21:13
Classification Of Case:

SN 126

Claim Handling

Accident NT/1036408

Policy No.	5108752424	Vehicle No.	FA881U	GST Registration No.	
Certificate No.					
Policyholder Name	RIZAM BIN JASRI	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	589111990
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	81200964	Special Remarks		Contact No. (Home)	
Email Address		TCR	Yes - No - Yes	eCode	No
NIK	- No - Yes	NCD Exemption(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	18/03/2019 17:37	Accident Report Within 24 hrs	Yes	Accident Type	Sole Basis
Date of Accident	18/03/2019	Time of Accident Return	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JURONG WEST STREET 73				

Excess					
Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Multicheck History					

Policyholder Mailing Address					
Address 1	BLK 751 #01-187	Address 2	JURONG WEST STREET 73	Address 3	SINGAPORE 640751
Address 4		Address Type	Singapore address	Post Code	640751
Unit No.	00-187	Related Policy Number	5108752424		

OT Driver Info					
Driver Name	RIZAM BIN JASRI	Driver Type	Main Driver	Driver DOB	21/03/1989
Named driver Name		Driver NRIC	589111990	Driving Experience	10
Register Date of Driver License	21/01/2009	Driver Age	29	Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 1	SINGAPORE 640751
Address 1	BLK 751 #01-187	Address 2	JURONG WEST STREET 73	Address 3	SINGAPORE 640751
Address 4		Address Type	Singapore address	Post Code	640751
Unit No.	01-187	Driver Vehicle No.	FA881U	Driver Insurer Company	NTUC
Does he own a Singapore registered car?	Yes - No				

Declaration					
Respirator or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Multicheck History

Claim 001 [View](#)

Claim Type *	OD-MX	Insured Name	RIZAM BIN JASRI	Insured NRIC	589111990
Contact No. (Mobile)	81200964	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OT Vehicle Number	FA881U	Vehicle Number	51C2689P
Claim Description	FA881U / 51C2689P On 16 Mar 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Refuse No. Presentation	Yes	Report Date		GIA report	Received
Date Registered		Claim Date	18/03/2019 17:40	Date Received	18/03/2019 10:00
Report Taken By	ROSLI WAHAB				

[Print All Items](#)

[Save](#) [Submit](#)

Attachment

Accident No.	NT/1036408	Claim No.	001
Last Doc. Received	Yes - No	Upload Date	18/03/2019 17:41
Path *			
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CI)
	NAC_BUKIT_MERAH_800676: NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Mar 2019 17:41	Photos	Normal	Photos 2019-3-19	
	NAC_BUKIT_MERAH_800676: NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Mar 2019 17:41	Photos	Normal	Photos 2019-3-19	
	NAC_BUKIT_MERAH_800676: NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Mar 2019 17:41	Photos	Normal	Photos 2019-3-19	

ACCIDENT STATEMENT

ACCIDENT DATE: 16/03/19 (DD/MM/YYYY), TIME: 13:00 (HH:MM)

LOCATION: Jurong West St 73

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FRA 881U
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5106792424
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha R6
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Rizam B Jazri (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8911199D CONTACT: 93200964
c) ADDRESS: Jurong West St 73 BIK 751 #06-187

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 31/03/1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24/11/17

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Jurong West NAC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJC 2698 P MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(0)

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(1)

email = Sugehrizamb4@gmail.com
VIDEO

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification No. S8911199D

Name RIZAM BIN JASRI

Exp. Date: 31 Mar 2009

Issue Date: 18 Jun 2014

002315289C



REPUBLIC OF SINGAPORE
IDENTITY CARD NO S8911199D



NAME
RIZAM BIN JASRI

RACE
CHINESE

Date of birth 31-03-1989 Sex M

Country/Place of birth SINGAPORE

S08111990




2 copy valid.

[Handwritten signature]

DOWNER.
93200964
Lobinch master
single.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Effective Date
Class 2B	Motorcycles > 200 CC	21 Jun 2009
Class 2A	Motorcycles <= 200 CC and 400 CC	21 Jun 2013
Class 3	Motorcars > 400 CC	24 Jun 2017

89111990 S / No 9000011431

1P 422A

License No: S8911199D

8813363

002315289C

89111990



20-09-2017

Address
APT BLK 751 JURONG WEST STREET 73
#05-187
SINGAPORE 640751



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5106792424

1. Index mark and Registration Number of Vehicle	Cover : Third Party, Fire & Theft
Chassis Number	: FBAS81U
2. Name of Policyholder	: JYARI271000006554
3. Effective Date of Insurance	: RIZAM BIN JASRI
4. Expiry Date of Insurance	: 03 Jan 2019
5. Persons or Classes of Persons entitled to drive	: 02 Jan 2020

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. This Policy does not cover

(b) Use for hire or reward.

(c) Use for racing, pace-making, reliability trial or speed-testing.

(d) Use for the carriage of goods (other than samples) in connection with any trade or business.

(e) Use for any purpose in connection with the Motor Trade.

Limitations rendered Inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: RIZAM BIN JASRI
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: YEW HENG CREDIT ENTERPRISE PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : WAH HONG INSURANCE AGENCY PTE LTD (00000614852)
 Date of Issue : 03 Jan 2019 16:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive